| POSITION | INITIALS | ID NŌ | DATE | | | | | |
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| FEE DETERMINATION | | | | | | | | |
| O.I.P.E. CLASSIFIER | | 10 | 5-21-01 | | | | | |
| FORMALITY REVIEW | | | | | | | | |
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|---|----------------------------|-----|--------------|
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| _ | (Through numeral) Canceled | Α | Appeal |
| ÷ | Restricted | 0 | Objected |

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| Claim Date | Claim | Date | Claim | Date | | | | |
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If more than 150 claims or 10 actions staple additional sheet here